EXHIBIT 11

Value of CT Enterography in Crohn's Disease

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Purpose: Demonstrate the benefits of CT Enterography in the evaluation of the cause and extent of disease in patients with established Crohn disease and worsening abdominal pain.

Methods and Materials: Retrospective review of consecutive patients with abdominal pain scanned between June 2005 & Sept 2006. All patients were scanned on a 4 or 16-row CT scanner (Siemens, Erlangen) using low dose weight-based mA. Oral Volumen (EZEM, NY) was given in three divided doses (15 cc/kg) over 1 hour prior to scanning. Intravenous non-ionic contrast (2 cc/kg) was given. Images were retrospectively read by two pediatric radiologists blinded to the clinical information and graded using a 5 point scale. Diagnosis was confirmed with biospy. Interobserver (Kappa) variability was calculated.

Results: 36 scans were performed on 35 patients –26 male, 14 female (ages 3 to 18 yrs; median 16 yrs). 17 had biopsy-proven Crohn (one had 2 studies). CT was abnormal in 16/17 cases of established Crohn and negative for IBD in all cases without Crohn. Discrepancies between location of disease on CT and endoscopic biopsy occurred in two cases. CT showed advantages in seeing interloop abscess, obstruction, rectal disease. Interobserver concordance was high (Kappa 0.94).

Conclusions: CT Enterography is accurate, efficient, and convenient and offers a single imaging test in evaluation of pediatric Crohn disease.